

From:

To:

The Registrar
Kerala State Pharmacy Council
Thiruvananthapuram

Declaration

I have completed my B'Pharm from _____

during the period from _____ to _____. I have
received only Provisional Certificate and I will produce the Original
Degree Certificate as soon as I receive from the University.

Kindly issue me a registration with Provisional Certificate.

Date:

Signature: